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INDICATION FORM**

Application Number

Filing Date

First Named Inventor

GUSTAVO N. GARCIA

Title

PORTABLE

EXERCISE APPARATUS

Art Unit

Examiner Name

Attorney Docket Number

CIL 1919

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34356

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Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Name

GUSTAVO N. GARCIA

Signature

Date

08-25-03

Telephone

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.


\*Total of two forms are submitted.

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**DECLARATION — Utility or Design Patent Application**

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) GUSTAVO N.		Family Name or Surname GARCIA	
Inventor's Signature 			Date 08-25-03
Residence: City DOLTON	State IL	Country USA	Citizenship USA
Mailing Address 1437 KASTEN DRIVE			
City DOLTON	State IL	ZIP 60419	Country USA
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature			Date
Residence: City	State	Country	Citizenship
Mailing Address 1437 KASTEN DRIVE			
City	State	ZIP	Country
<input type="checkbox"/> Additional inventors or a legal representative are being named on the _____ supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.			